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AR8453

**Arkansas Individual Income Tax Declaration
for Electronic Filing**

2005

For the tax year January 1 - December 31, 2005

USE STATE LABEL OR PRINT	First Name and Initial	Last Name(s)	Your Social Security # ●
	Present Address		Spouse's Social Security #
	City, Town or Post Office Box, State and Zip Code		Telephone Number

PART 1 TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000 or AR1000NR, Line 23)	1		00
2. Net Tax (Form AR1000 or AR1000NR, Line 44)	2		00
3. State Income Tax Withheld (Form AR1000 or AR1000NR, Line 45)	3		00
4. Refund (Form AR1000 or AR1000NR, Line 50)	4		00
5. Tax Due (Form AR1000 or AR1000NR, Line 54)	5		00

PART 2 DECLARATION OF TAXPAYER

- 6a. ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b. ☐ I do not want direct deposit of my refund or I am not receiving a refund.

If I have filed a balance due return, I understand that if the state of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under the penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2005 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign

Here Your Signature _____ Date _____ Spouse's Signature _____ Date _____

PART 3 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

**ERO'S
Use
Only**

ERO'S Signature _____ Date _____

Check if paid preparer ☐ Check if self-employed ☐

Your SSN or PTIN _____

Firm's name and address _____ FEIN _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have any knowledge.

**Paid
Preparer's
Use
Only**

Preparer's Signature _____ Date _____

Check if self-employed ☐

Preparer's SSN or PTIN _____

Firm's name and address _____ FEIN _____

Special Information

Direct Deposit will be offered on Electronically Filed Arkansas Individual Income Tax returns. This is restricted to Taxpayers that will receive a Federal refund and are using the Direct Deposit method for their Federal refund. You must use the same account that is being used for the Federal refund Direct Deposit.

Effective January 1, 2000, ERO's are **required** to retain the AR8453 forms along with original W-2 forms for 3 years from the original due date of the tax return except for the cases where forms AR1000RC5 and/or AR1000DC must be submitted to the State of Arkansas.

A copy of the AR8453 form must be sent along with these special forms. All taxpayers claiming the Disabled Individual Adjustment or the Developmentally Disabled Credit should have these schedules mailed or faxed to the E-File Office immediately after the Federal acknowledgment has been received. These schedules have required information that the E-File office needs in order to complete processing of the Arkansas Individual Income Tax return. ERO's should retain the original of the form AR8453 with the W-2 forms and other special form(s).

When And Where To File

Only the Austin Service Center will accept electronically filed returns beginning January 13, 2006. For more details, refer to Federal Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns, and the Arkansas Handbook, AR1345 for Electronic Filers (Tax Year 2005). It contains step-by-step instructions and complete addresses for each of these service centers.

Line Instructions

Declaration Control Number (DCN)

The DCN is a 14 digit number assigned to your return by your on-line service provider and/or transmitter. It is included in your acknowledgment message. Clearly type or print the DCN in the top left corner of Form AR8453. The first two digits are always "00". The next six digits are the electronic filer identification number (EFIN). The next five digits are the batch number and serial number. The "6" represents the year the return is filed (2006).

Boxes

Entry

- | | |
|-------|---|
| 1-2 | File identification number (always "00") |
| 3-8 | Electronic Filer Identification Number (EFIN) assigned by the IRS |
| 9-11 | Batch Number (000 to 999) Assigned by the ERO |
| 12-13 | Serial Number (00 to 99) Assigned by the ERO |
| 14 | Year digit (for 2005 the digit is "6") |

Example: The EFIN is 710001. The batch number is 000. The serial number is 56. The DCN is 00-710001-00056-6.

Name, Address, and Social Security Number: If the taxpayer received a mailing label from the State of Arkansas, place the label in the name area. Cross out any errors and print the correct information. Add any missing items, such as apartment number. If the taxpayer did not receive a mailing label, print or type the information in the spaces provided. Please verify that the social security number (SSN) is clear and correct. An incorrect or missing SSN may delay any refund. If a joint return, be sure the names and SSNs are listed in the same order.

P. O. Box: If the Post Office does not deliver mail to your home and you have a P. O. Box, enter the box number instead of the home address.

Note: *The address must match the address shown on the electronically filed Form AR1000.*

Part I – Tax Return Information

Line 3. Include any State of Arkansas withholding from Form(s) 1099 in the amount you enter on line 3.

Part III – Declaration of Taxpayer

The taxpayer's signature allows the State of Arkansas to disclose to the ERO and/or the transmitter the reason(s) for a delay in processing the return or refund.

If the ERO makes changes to the electronic return after Form AR8453 has been signed by the taxpayer but before it is transmitted, the ERO must have the taxpayer complete and sign a corrected Form AR8453 if either of the following applies:

The total income on line 1 differs from the amount on the electronic return by more than \$25.00, or

The total tax on Line 2, the refund on Line 4, or tax due on Line 5 differs from the amount on the electronic return by more than \$7.00.

Part IV – Declaration of Electronic Return Originator (ERO) and Paid Preparer

The State of Arkansas requires the ERO's signature.

A paid preparer must sign Form AR8453 in the space for **Paid Preparer's Use Only**. Only handwritten signatures are acceptable. If the paid preparer is also the ERO, do not complete the paid preparer's section. Instead, check the box labeled "Check if also paid preparer."

Refunds: After the State of Arkansas has accepted the return, the refund should be issued within 10 days. However, some refunds may be temporarily delayed as a result of compliance reviews to ensure that the returns are accurate.